

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023549

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5011

Registrar's No. 672

FILED JUL 3 1963

1. PLACE OF DEATH

a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CarrolltonLength of stay in 1b
2 yearsc. CITY
OR TOWN CarrolltonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION at home-304 E. BentonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
304 E. BentonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Louis

Middle

Last
Ashby4. DATE
OF DEATHMonth Day Year
June 25, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-21-18919. AGE (last birthday)
72IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Carroll County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

J. Q. Ashby

13b. MOTHER'S MAIDEN NAME

Emma Farrell

14. NAME OF HUSBAND OR WIFE

Virginia Gallagher

Ashby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.
6117. INFORMANT
Mrs. Louis Ashby, Carrollton, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Congestive Heart Failure

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-11-63 to Present and last saw him alive on 6-24-63
Death occurred at About 7:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

22b. ADDRESS
Carrollton Missouri

22c. DATE SIGNED

6-25-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Gilead Cemetery

23d. LOCATION (City, town, or county)

Carroll County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Carrollton, Mo. 6-26-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mary Dean

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.